

## **A Profile of Urban Encampments in Central Los Angeles**

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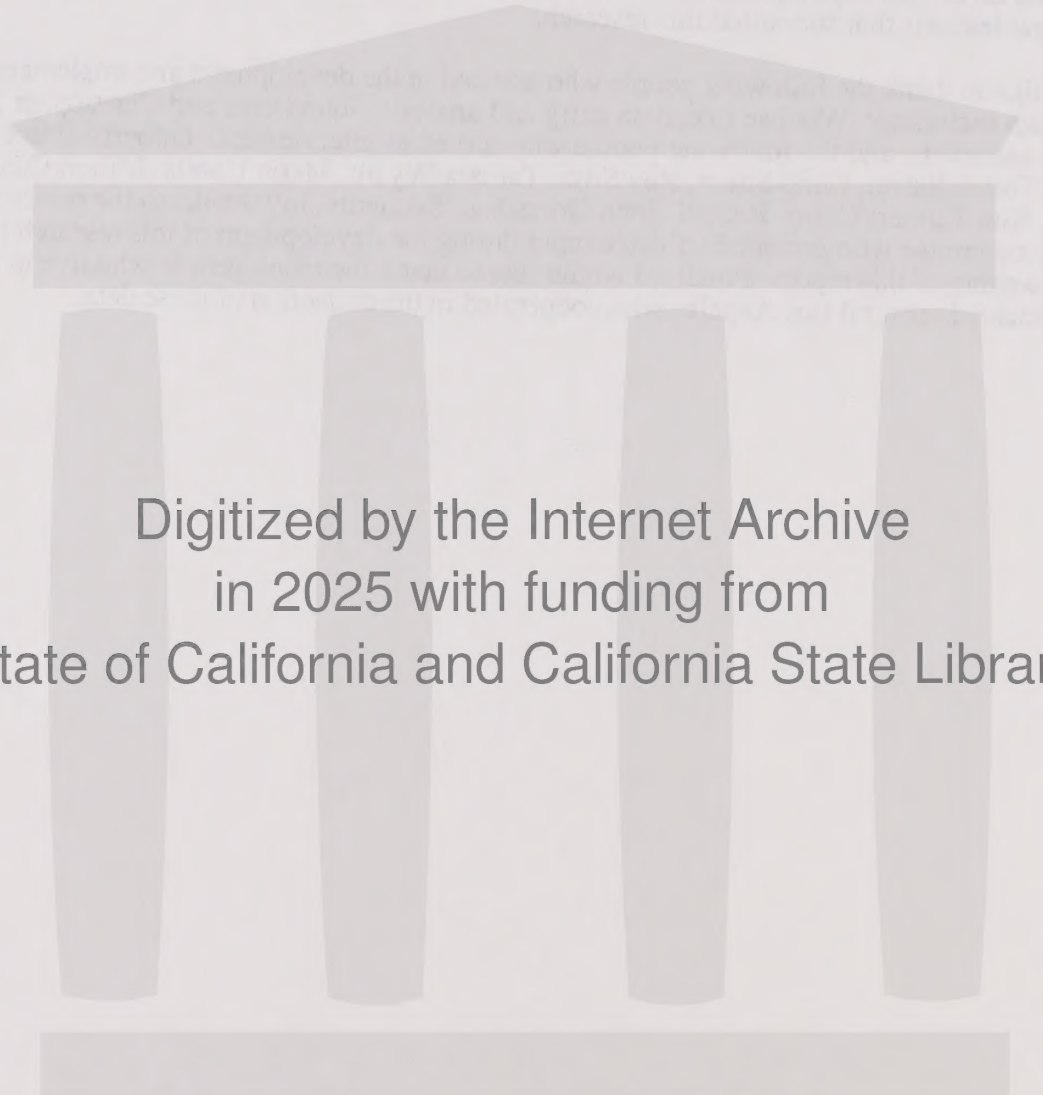




## Forward:

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## Executive Summary

Recently, advocates, service providers and government officials have expressed concern about the growing number of encampments of people on sidewalks, along freeways or in vacant lots, under freeways and bridges, in shrubbery along side freeway on-ramps and transition roads, and along the rivers and railroad tracks throughout Los Angeles. Concern comes from downtown businesses whose owners and managers express fear of crime and frustration and anger from being constantly hustled for money. Homeless advocates and service providers are concerned about the health and welfare of encampment residents and ask what can be done to encourage residents' voluntary participation in existing shelter and support programs.

The purpose of this study is to obtain systematically derived information about urban encampments in central Los Angeles that will be helpful in developing empirically-based policy options responsive to the needs of people living in urban encampments throughout Los Angeles. We compiled a list of 54 camp locations within an area bordered on the west by Hoover/Alvarado, the south by the Santa Monica Freeway, on the east by Highway 101, and on the north by Sunset/Macy. Encampments were identified by driving through the study area noting visible locations and investigating possible hidden sites, interviewing currently and formerly homeless people and service providers, and reviewing city records of complaints. About a month following site identification, an interview team consisting of fourteen formerly homeless people and peer counselors administered an approximately 45 minute questionnaire to 134 people living in 42 encampments.

In many encampments, people have erected structures out of cardboard boxes often connected together using pieces of plywood, plastic PVC sheeting, or any other permanent and waterproof material that can be found. We observed furniture; separate sleeping, cooking and bathing areas; and campfires. In several camps, we observed residents sleeping or sitting amidst piles of garbage and trash. Residents reported getting water from faucets located in nearby businesses, while others extract water from the L.A. River. Some people reported using portable toilets, while others said they go to missions for bathing and toileting. Most respondents indicated that they exclusively or sometimes use the nearby L.A. river, bushes and shrubbery, the street or sidewalk or some other outdoor location. In several encampments, we observed rodents which would naturally be attracted to these conditions and carry vector borne communicable disease.

The number of people observed living in the camps ranged from 1 to 20, with an average of 4.9 people per camp. There appeared to be about twice as many men as women, and children were seen in only one camp.

In ten camps, respondents reported that there are camp leaders, and two thirds of the respondents said they did things together such as eating or working. A third of the respondents said they were harassed or bothered by others, including the police. Others said that people regularly bring food, clothing or offer jobs.

*Demographic composition* We compared the demographic composition of the encampment residents with the findings of two other studies of homeless people in downtown Los Angeles. The Gallup Organization surveyed 655 homeless people in a 24 square block area of Downtown Los Angeles during the Fall of 1992, and the Department of Geography at USC in conjunction with the Homeless Outreach Project also compiled information from 405 homeless people encountered during 1988 and 1989.

- The majority of encampment residents, about 80%, are men, which is similar to the findings in the comparison studies.



- Encampment residents are somewhat younger, and more likely to be Latino when compared to downtown residents. Over half of the encampment respondents are African American and a third are Latino compared to the other studies, in which three quarters of the respondents are African American and about 21% Latino.
- About half of the encampment residents are single compared to nearly two thirds of the people in the USC study.
- About one in five respondents were receiving any type of public assistance at the time of the interviews: only 17.2 percent were currently receiving General Relief, one person was receiving Aid for Families with Dependent Children (AFDC), and one Supplemental Security Income (SSI/SSDI). Eighteen percent were receiving food stamps.
- One quarter of the respondents reported never having received any type of public assistance.
- While a third make money begging or standing near freeways and on street corners, about the same number make money through short term jobs such as loading and unloading trucks, day labor, gardening, and working in warehouses. Nearly two thirds make money by collecting cans and bottles.
- A surprisingly high number of people had job skills; over a third reported having job skills requiring certification, special training, or a state license including airplane mechanics, truck drivers, electricians, fire fighters, cable splices, computer programmers, skilled medical personnel.
- Most respondents expressed a strong desire to work. Ninety four percent said that they would take a job that would allow them to use their job skills, and 88.1 percent reported that they would take any job that would last more than a week!
- Two thirds have been homeless for at least one year and 20.1 percent have been homeless over 5 years. Yet many respondents had a varied housing experience having spent at least one night in an average of three places within the previous year including an abandoned building, a mission or shelter, a cold/wet weather shelter, a hospital, or a drug or alcohol program, a room rented or with friends or relatives.
- The majority of people indicated that they live in encampments because of socio-economic reasons including "not having any money or a job", or because they had lost their benefits under a public assistance program.
- Only 41 percent of the respondents reported having ever lived in a shelter or mission. The majority feel shelters won't help them, are difficult to access, have restrictive rules and regulations, and threaten their own independence. Others see shelters as threats to their health and safety.
- Only about a quarter of the respondents said they would go to the shelters if forced to; nearly half said that they would continue to live in the encampments or another more secluded place. Others would simply leave town or risk arrest.
- When asked what they would do if the government *required* people who were now living outdoors to go to a government-sponsored camp, over half of the respondents indicated that they would go, many saying they would go for the services or help in getting a job or



job training. Eighteen percent would go because they were curious, and perhaps attracted to the novelty of what might be the "best of both worlds": outdoor living and security.

- Although over half said they might go to the government camp, nearly 22 percent reported that they would continue to live where they were or find a more secluded place to live. Others said they would leave Los Angeles, do something else or they just didn't know what they would do.
- Very few people reported that they would rather live in the encampment given other choices. The vast majority indicated that they would rather have their own room with a job (75%). Less than ten percent reported a government camp, a mission or shelter, a treatment program, or with family or friends as their first choice.
- Nearly 38 percent of the respondents reported their health as either poor or fair (Table 6a), and almost a third reported a health problems that required on going medical attention.
- Seventy five percent of the respondents have no health coverage; only one person was covered by Medi-Cal. Although nearly half had visited a doctor or clinic sometime in the previous 6 months, 41 percent reported that there was a time when they felt they needed to go to the doctor for a physical health problem but didn't go.
- Over half of the respondents identified County health facilities as the place where they usually get health care. Less commonly used are free and community clinics (9.7%), mobile or shelter based health care for the homeless programs (6%), the VA (6%) and private offices (4.5%). A few people continue to use clinicians in Mexico.
- About forty percent felt that they have a drug or alcohol problem now, however, 14.2 percent had been in a treatment program during the same period. Almost a quarter of the respondents had tried unsuccessfully to enter a treatment program.
- When asked what people need right now, most indicated survival items including food, clothing, housing, personal hygiene items and money. About a quarter said that they needed a job. Not surprisingly, about 8 percent said they needed medical care and 5 percent needed drug or alcohol treatment. Less often cited were transportation, water, companionship and a bath or shower.

**The health and safety of the encampment residents notwithstanding, policy makers should exert considerable caution in formulating policies and programs to respond to urban encampments.** Any efforts to dismantle camps such as police sweeps will likely result in people establishing new camps in other perhaps more secluded locations. Likewise, plans to dismantle and outlaw encampments and force people to go to shelters or government camps will at best have only a short term effect in reducing the number of urban encampments.

Many residents will not go to shelters or downtown missions fearing violence, or because they dislike the rules and regulations. And while many people said they would go to an urban safe zone or government camp, we believe that they would do so out of curiosity, desperation and in search of needed services. Few would stay long enough to benefit from the camp or get on a track towards stability and self sufficiency. Eventually, many would return to an urban encampment. A first priority is creating new programs designed to reduce cultural and language barriers, particularly for Spanish speaking people, and encourage voluntary participation in shelter and substance abuse treatment programs. We must also provide access to employment training and jobs.



## Introduction

Homelessness is a serious social problem in Los Angeles. The past fifteen years, especially has seen a rapid growth in the number of homeless men, women and children. Recently, advocates, service providers and government officials have expressed concern about encampments of people on sidewalks, along freeways or in vacant lots, under freeways and bridges, in shrubbery along side freeway on-ramps and transition roads, and along the rivers and railroad tracks. No one knows how many encampments actually exist in Los Angeles, nor has anyone studied the characteristics of their residents. Although many are in central Los Angeles, urban encampments are observed throughout both urban and rural parts of Los Angeles County.

Community leaders' concern about the encampments in part stems from pressure from downtown businesses whose owners and managers complain about the presence of camps on the sidewalks and in other parts of the neighborhood. They express fear of crime and frustration and anger from being constantly hustled for money. Homeless advocates are concerned about the health and welfare of the encampment residents and ask what can be done to encourage residents' voluntary participation in programs designed to assist people secure housing and other services. Many ask why these camps exist especially when alternative shelter theoretically exist in Los Angeles. Some have proposed government-sponsored camps or "safe zones" where homeless people could live with minimal rules and perhaps support services.

## Purpose and study objectives.

The purpose of this study is to obtain systematically derived information about urban encampments in central Los Angeles that will be helpful in developing empirically-based policy options responsive to the needs of people living in the urban camps throughout Los Angeles.

We attempt to answer the following research questions:

- 1) How are urban encampments distributed throughout central Los Angeles and how do they vary in the number of residents and structure? What are the living conditions in the encampments?
- 2) Who lives in the encampments and how do they compare with people living in the shelters and mission or on the streets of Skid Row?
3. How do people in the encampments get money to live?
- 4) What is the housing history of the encampment residents, and why, given the options to live in shelters , mission and voucher hotels, do people live in the encampments?
- 5) What are residents likely to do if the encampments are taken down and the people required to go to shelters or a government sponsored safe zone or some type of outdoor facility? Where do encampment residents prefer to live?
- 6) What is the health status of encampment residents and how do people use the health care system? What barriers exist to health care services?
- 7) What do encampment residents say they need?



### Methodology.

For the purpose of this study, an encampment is defined as a location on sidewalks, in vacant lots, near the river, under freeways and freeway bridges, under each of the major bridges that span the LA river, and in alleys, where people are known to reside and where there are items such as cardboard boxes and other paraphernalia assembled by and for the residents. The study area is bordered on the west by Hoover/Alvarado, the south by the Santa Monica Freeway, on the east by Highway 101, and on the north by Sunset/Macy. The camp locations were identified by driving through the study area noting visible locations and investigating possible hidden sites. We also interviewed currently and formerly homeless people and service providers, reviewed city records of complaints, and asked people on the street where camps were located. We drove by or visited all sites prior to interviewing residents, recording observations about size, location, the number of residents, the physical set up of the camp, and any observed demographic characteristics of the residents. We pin pointed their location on a map. The list and map was then used to decide which sites would be chosen for further investigation. This was to help insure that, although ours was not a probability sample, we included camps of varying size and location, and in which different types of people lived.

*Instrument.* Questions were taken from previously tested instruments now being used in studies of homeless people in the San Francisco Bay Area. In addition, questions about public benefits and respondents' opinions about programs and policy options were developed after interviewing key informants, service providers, formerly homeless people and Coalition staff. The interview instrument was translated into Spanish. Respondents were asked about the encampments including number of residents, length of time of existence, whether or not there were camp leaders or group activity, and how people living in the camps took care of basic needs such as food, money, and bathing. We then asked respondents to give us information about themselves including demographics (age, sex, ethnicity, education, veteran status, marital status, number of children), current and recent enrollment in public assistance programs, job skills, health status and health utilization including substance abuse, housing history, use of shelter system, usual place of sleeping; perceptions about why a respondent is living in the encampment, and opinions about proposed City and County policy. Finally, we asked respondents if there was anything they needed right now.

*Survey.* An interview team was assembled consisting of fourteen formerly homeless people, and peer counselors. Half of the interviewers were Spanish speaking (bilingual). Each interviewer completed a three hour training describing the purposes of the research project, safety precautions, procedures, how to approach and talk to people on the street, and a detailed question by question description of the instrument, including how to ask the question and how to probe for critical information. Interviewers were paid \$10 for each questionnaire completed. About a month following site identification, teams were sent into the field over three consecutive evenings between 6:00 PM and 9:00 PM during one week in April to administer an approximately 45 minute questionnaire. Preliminary investigations revealed that most camps were empty until the evening. (Later, we asked people what time of day people were most likely to be present. Seventy one percent said that the evening was the time in which the most people were present). In several sites, we found no one present each evening. In those cases, team members and the principal investigator returned to those sites in the morning or in the afternoon. If people were found in those sites, they were interviewed. Smaller sites were visited first. Interviewers who spoke Spanish were assigned to those sites where preliminary investigation revealed Spanish-speaking residents. There were five interview teams of two people each, and each evening, teams were assigned to specific sites. In addition, interviewers were assembled on one entire Saturday during which time, the five largest sites were visited. This time, the interviewers were broken into two teams.

At each site, teams distributed "goodwill" bags filled with food, personal hygiene items such as tooth brushes and tooth paste, condoms, HIV and TB information and referrals, and a map of Downtown Los Angeles showing locations of shelters and other support services. Receiving these bags was not contingent on agreeing to be interviewed. However, respondents were given \$2 for completing a questionnaire. People who seem open to talking were approached first. Our objective was to visit all 54 sites and interview as many people as possible in each one. We thought this was possible in most locations since preliminary investigations revealed that most had fewer than four people.



## Results

We compiled a list of 54 camp locations. The list and map we developed should not be taken as exhaustive; indeed, within the study area, there are literally dozens of freeway on ramps and bridges, and hidden places along the river that we did not visit because of time constraints. Moreover, some camps we identified have since disappeared, and new ones have emerged. Nevertheless, all neighborhoods within the study area were covered. When we returned to the sites to interview residents, four had been disassembled and at eight others, no one was present after visiting the camp on four separate occasions, although there was evidence that people continued to live there. Thus we were able to conduct interviews with residents at 42 camps, 78% of the encampments previously identified. We conducted interviews with 134 people living in these 42 encampments. Only two people refused to be interviewed.

### 1. How are urban encampments distributed throughout central Los Angeles and how do they vary in size and structure? What are the conditions in the encampments and the social interactions of their residents?

The encampments are quite varied in their size and structure. Many are located on sidewalks, under freeways and bridges that span the Los Angeles River, and in shrubbery along freeways (see table 1a). In several encampments, residents have erected structures out cardboard boxes often connected together using pieces of plywood, plastic PVC sheeting, or any other material that can be found. We observed couches, bar B Qs, chairs and other furniture. Several have dogs and cats, and in one, we observed chickens which presumably are used for food.

Some of the conditions of the encampments are health threatening. In many camps, we observed residents sleeping or sitting amidst piles of garbage and trash. We also observed rodents which would naturally be attracted to these conditions and carry vector borne communicable disease. Rodents were a problems in several camps. In one, a resident reported that some public officials had provided the camp with rat poison which they poured on the ground adjacent to where they slept. In many of the camps, residents have established separate cooking areas, and occasionally, we observed people cooking meals. Some people retrieve water from nearby businesses, while others extract water from the L.A. River. We asked people what they use for toileting. While some people reported that they use portable toilets (6.8%), or missions (6.7%), most respondents indicated that they exclusively or sometimes use the nearby L.A. river, bushes and shrubbery, the street or sidewalk or some other outdoor location. Respondents were observed in two locations urinating in shrubbery or on the street very close to encampment.

**Table 1a Number of encampments identified by type of location (N=54)**

	*number	percent
sidewalks/vacant lots	19	35%
under freeways	20	37%
under bridges	7	13%
along freeways/shrubbery	8	15%
<b>Total</b>	<b>54</b>	<b>100%</b>

\* These represents the number and type of encampments identified during initial field investigations. We interviewed people in 42 of these encampments.

*Number of people living in the camp* We estimated size two ways: by observing the number of residents and by asking residents how many people live in a camp. First, the number of people observed living in the camps ranged from 1 to 20, with an average of 4.9 people per camp. There appeared to be about twice as many men as women, and children were seen in

only one camp (Table 1b). Based on respondent answers, the average number living in the camps is 6.2 and ranges from 1 to 20. Again, there are more men than women, and a total of three children were reported in just two camps (Table 1c). While the camps vary in size, two thirds have more than four people, and nearly fifteen percent had over ten. (Table 1d). One reason for the higher estimate of residents based on respondent answers is that as the evening progresses, more people return to the camp.

**Table 1b Number of residents observed by interviewers, and mean and range per camp. (14 interviewers and 42 camps)**

	*number	mean per camp	range per camp
Men	128	3.2	1 to 14
Women	73	1.8	1 to 9
**Children	1		
Total	202	4.9	1 to 20

\* Since there was more than one interviewer in most camps, the total number of people reported to be living in the camp was averaged for each camp. The numbers reported in this column here are the sums of the averages. \*\* Only one child was observed.

**Table 1c Number of residents and mean and range per camp as reported by respondents (134 respondents from 42 camps).**

	*number	mean per camp	range per camp
Men	195	4.6	1 to 13
Women	56	1.3	1 to 5
**Children	3		
Total	273	6.2	1 to 20

\* Since there was more than one respondent in most camps, the total number of people reported to be living in the camp was averaged for each camp. The numbers reported here are the sums of the averages.

\*\* Residents in only two camps reported children.

*Social interactions.* We also asked residents if there are leaders, if people did things together, and if they are harassed or helped by others. A total of thirty respondents from ten camps said there are camp leaders, and two thirds of the respondents said they did things together such as eating or working. A third of the respondents said they were harassed or bothered by other people, most said by the police. But 56 percent said that church groups and social service agencies regularly help them by bringing food, clothing or offering jobs.



**Table 1d** Number of encampments by the number of people respondents said were living in an encampment, by type of camp.

<i>Average number of residents</i>	1	2 to 3 people	4 to 5 people	6 to 10 people	10 to 20 people	Total
<i>type of location</i>		<i>number of camps</i>				
Sidewalks	2	4	2	5	1	14
Under freeways	1	3	4	7	2	17
Under bridges	0	0	2	1	3	6
along freeways	1	3	0	1	0	5
Total	4	10	8	14	6	42
Percentage of encampments	9.5%	23.8%	19.0%	33.3%	14.3%	100%

## 2. Who lives in the encampments and how do they compare with people living in the shelters and mission or on the streets of Skid Row?

*Demographic characteristics of residents.* Tables 2a through 2f show the demographic composition of the respondents. Most are men (81.3%), and 2 people describe themselves in a cross gender category. Over 94 percent of respondents are under the age of 65, with 41.8 percent between the ages of 30 and 39. Women tend to be younger with nearly 60 percent in the age category 30 to 39, compared to 40 percent of men. Alternatively, 42 percent of men were between 40 and 64, compared to 22.7 percent of women (Table 2a).

Over half of the respondents are African American, 33.5 percent Hispanic, and 6.7 percent Caucasian. Two of the respondents are Asians. However, among women, over three quarters of the respondents are African Americans compared to 55.3 percent of the men. Over half of the respondents are married, and 57 percent reported having children. Women are more likely to be married and to report having children (Table 2d and 2e). A little less than 20 percent of the men (and none of the women) are veterans (Table 2c), and over two thirds of the residents were born in the United States, 20 percent in Los Angeles.

**Table 2a Age of the respondents**

	<u>Total</u> <u>Freq</u>	<u>Percent</u>	<u>Men</u> <u>Freq</u>	<u>Percent</u>	<u>Women</u> <u>Freq</u>	<u>Percent</u>	<u>Other</u> <u>Freq</u>	<u>Missing</u> <u>Freq</u>
18 and under	1	0.7%	1	0.9%	0	0		
19 to 29	16	11.9%	12	11.0%	3	13.6%	1	
30 to 39	56	41.8%	43	39.5%	13	59.1%		
40 to 64	53	39.6%	46	42.2%	5	22.7%	1	1
65 and over	5	3.7%	5	4.6%	0			
missing	3	2.2%	2	1.8%	1	4.6%		
Total	134	100%	109	100%	22	100%	2	1

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**Table 2b Ethnicity of the respondents**

	<u>Total</u> <u>Freq</u>	<u>Percent</u>	<u>Men</u> <u>Freq</u>	<u>Percent</u>	<u>Women</u> <u>Freq</u>	<u>Percent</u>	<u>Other</u> <u>Freq</u>	<u>Missing</u> <u>Freq</u>
African American	78	58.2%	60	55.1%	17	77.3%		1
Asian	2	1.5%	1	1.0%	1	4.6%		
Caucasian	9	6.7%	6	5.5%	3	13.6%	2	
Latino	45	33.5%	42	38.6%	1	4.5%		
Native American	0							
Total	134	100%	109	100%	22		2	1

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**Table 2c Veteran status of the respondents**

	<u>Total</u> <u>Freq</u>	<u>Percent</u>	<u>Men</u> <u>Freq</u>	<u>Percent</u>	<u>Women</u> <u>Freq</u>	<u>Percent</u>	<u>Other</u> <u>Freq</u>	<u>Missing</u> <u>Freq</u>
Yes	26	19.4%	26	19.4%	0		0	
No	107	79.9%	83	61.9%	22	100%	2	
missing	1	0.7%						1
Total	134	100%	109	100%	22	100%	2	1

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**Table 2d Marital status of the respondents**

	<u>Total</u>		<u>Men</u>		<u>Women</u>		<u>Other</u>	<u>Missing</u>
	<u>Freq</u>	<u>Percent</u>	<u>Freq</u>	<u>Percent</u>	<u>Freq</u>	<u>Percent</u>	<u>Freq.</u>	<u>Freq.</u>
Single	77	57.5%	65	59.6%	10	45.5%		
Married	26	19.4%	16	14.7%	10	45.5%		
Divorced/separated	30	22.4%	28	25.7%	2	9.1%		
No answer/missing	1	0.7%	0				0	1
Total	134	100%	109	100%	22	100%		1

**Table 2e Number of children of the respondents**

	<u>Total</u>		<u>Men</u>		<u>Women</u>		<u>Other</u>	<u>Missing</u>
	<u>Freq</u>	<u>Percent</u>	<u>Freq</u>	<u>Percent</u>	<u>Freq</u>	<u>Percent</u>	<u>Freq.</u>	<u>Freq.</u>
none	57	42.5%	49	45.0%	6	27.3%	2	
1 to 2	38	28.4%	27	24.8%	11	50.0%		
3 to 5	21	15.7%	19	17.4%	2	9.1%		
6 or more	15	11.2%	13	11.9%	2	9.1%		
no answer/missing	3	2.2%	1	.9%	1	4.5%		1
Total	134	100%	109	100%	22	100%	2	1

**Table 2f Sex of the respondents**

	<u>Freq</u> <u>Percent</u>	
Male	109	81.3%
Female	22	16.4%
Cross gender	2	1.5%
missing	1	0.7%
Total	134	100.0%

Camp residents may differ somewhat from homeless people living in the heart of downtown Skid Row. The Gallup Organization surveyed 655 homeless people in a 24 square block area of Downtown Los Angeles during the Fall of 1992, and the Department of Geography at USC in conjunction with the Homeless Outreach Project also compiled information from 405 homeless people encountered during 1988 and 1989. Gender breakdown of camp residents are similar to the findings in both of these studies (See Table 2g). However, there are differences in the ethnicity. For example, a third of encampment respondents are Latino, compared to only 21% of the respondents in the Gallup survey, and 22.1% in the USC study. Age categories reported in the comparison studies are different and therefore more difficult to

accurately compare. However, downtown residents overall tend to be slightly younger when compared to encampment residents. For example, the USC study reported 21.4 percent of the respondents less than 28 and 50 percent between the ages of 29 and 39, compared to 13 percent and 41.8 percent of encampment residents respectively. The percent married in the encampment study is similar to the Gallup findings, but nearly two thirds of the people in the USC study were single compared to a little more than half of the encampment residents. In summary, evidence suggests that encampment residents are somewhat younger, and more likely to be Latino when compared to downtown residents. Considerable caution should be taken in drawing conclusions from these comparisons. The comparative studies were conducted in different periods of time, and larger numbers of people were interviewed. These differences notwithstanding, we believe that Latinos are less likely to be found in the Skid Row area and may feel more comfortable and safer in the encampments.

**Table 2g     A comparison of findings of key demographic variables between the encampment study and a 1992 Gallup survey of homeless people in Downtown Los Angeles, and a 1989 study of homeless people in Central Los Angeles.**

<b>Encampment</b>	<b>1993</b>	<b>Gallup</b>	<b>1992</b>	<b>USC</b>	<b>1989</b>
Percent Male	81.3%	Percent Male	72%	Percent Male	85.4%
Percent Black	58.0%	Percent Black	70%	Percent Black	75%
Percent Latino	33.0%	Percent Latino	21%	Percent Latino	12.1%
Percent White	6.7%	Percent White	8%	Percent White	12.7%
Percent <29	13.0%	Percent <25	10%	Percent <28	21.4%
Percent 30-39	41.0%	Percent 26-34	34%	Percent 29-39	49.9%
Percent 40-64	39.6%	Percent 35-44	34%	Percent 40-59	27.3%
Percent 65+	3.7%	Percent 45+	20%	Percent 60+	1.4%
Percent Rec PA	20.0%		40%	-----	-----

### **3.     How do people in the encampments get money to live?**

*Public Assistance* Many people have asked about how encampment residents make money. The question is relevant in the current debate about General Relief, and the concern by business owners about panhandlers and street corner beggars. Very few encampment residents receive benefits. Table three shows that only about one in five respondents were receiving any type of public assistance at the time of the interviews: 17.2 percent were receiving General Relief, one person was receiving Aid for Families with Dependent Children (AFDC), and one Supplemental Security Income (SSI/SSDI). Eighteen percent were receiving food stamps. In



addition, about one quarter of the respondents reported having last received benefits during the previous 12 months, and a quarter of the respondents have never received benefits (Table 3b). In summary, 80% of respondents are not receiving any type of public benefits. In the Gallup study, 60% reported not receiving any benefits, suggesting that encampment residents are even less likely than downtown Skid Row residents to be receiving public assistance (Table 2g).

**Table 3a Number of respondents who are currently receiving cash assistance or food stamps, and type of benefit. (N=134)**

	<u>Freq</u>	<u>percent</u>
Currently receiving any benefits	28	20.9%
None	104	77.6%
missing	2	1.5%
<i>Total</i>	<i>134</i>	<i>100%</i>

*Type of Benefit \**

Veterans Benefits	0	0
General Relief (GR)	23	17.2%
Aid for Families with Dependent Children (AFDC)	1	0.7%
Supplemental Security Income (SSI/SSDI)	1	0.7%
Food Stamps	25	18.7%

\* 23 people are receiving food stamps along with cash benefits.

**Table 3b Length of time since last receiving benefits, when was the last time they received any cash benefits or food stamps (N=134).**

	<u>Freq</u>	<u>Percent</u>
Currently receiving any benefit	28	20.9%
Less than 6 months ago	22	16.4%
7 to 12 months ago	8	6.0%
1 to 2 years ago	9	6.7%
2 to 5 years ago	8	6.0%
more than 5 years ago	4	3.0%
has never received benefits	36	26.9%
don't know/no answer	19	15.6%
<i>Total</i>	<i>134</i>	<i>100%</i>

Other ways people make money. Other than public assistance, a third of the respondents make money panhandling (begging or standing near freeways and on street corners), and about the same number make money through short term jobs such as loading and unloading trucks, day labor, gardening, and working in warehouses. Nearly two thirds make money by collecting cans and bottles (Table 3c).

**Table 3c Other ways respondents say they make money.**

	<u>*Freq</u>	<u>*Percent</u>
Collecting cans or bottles	85	63.4%
Short term employment	48	35.8%
Panhandling/begging	45	33.6%
Having sex for money/prostitution	6	4.5%
Selling blood	4	3.0%
Unemployment Insurance	3	2.2%
Other	2	1.5%

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*Job skills.* Respondents reported considerable variety of job skills (see Table 3d). Over a third reported having skills requiring certification, special training, or a state license. These included certified airplane mechanics, truck drivers, skilled laborers, electricians, fire fighters, cable splices, computer programmers, skilled medical personnel (including a licensed operating room technician), business and other management professions, telecommunications and certificated teaching. Sixty four other people (47.7%) reported other types of job skills requiring less formal training. Only 15.7 percent reported no job skills. Most respondents expressed a strong desire to work. Ninety four percent said that they would take a job that would allow them to use their job skills, and 88.1 percent, reported that they would take any job that would last more than a week (Table 3e). In another part of the interview, we asked people if there was anything that they needed. More than a third, said that what they wanted was a job (See Table Seven).

**Table 3e Respondents' willingness to take employment. (N=134)**

	<u>Freq</u>	<u>Percent</u>
Number and percentage of respondents who say they would take a job tomorrow using their job skills	127	94.8%
Number and percentage of respondents who would take any job tomorrow lasting more than a week	118	88.1%

---

**Table 3d Number of respondents with job skills and experience by type (N=134).**

	<u>Freq</u>	<u>Percent</u>
<i>High job skills, i.e. jobs requiring certification, special training, education or license</i>		
certified mechanic	8	6.0%
welder	2	1.5%
truck driver	2	1.5%
skilled laborer/journeyman	8	6.0%
electrician	3	2.2%
fire fighter	1	0.7%
cable splicer	1	0.7%
paralegal	3	2.2%
computer programmer	4	3.0%
skilled medical	6	4.5%
business/professional	2	1.5%
telecommunications	1	0.7%
contractor	1	0.7%
certificated teacher	1	0.7%
Total high job skills	49	36.5%
<i>Other job skills</i>		
warehouse/shipping	8	6.0%
domestic	2	1.5%
clerical	9	6.7%
construction/painting	21	15.7%
human services	3	2.2%
gardening	3	2.2%
seamstress	1	0.7%
maintenance	2	1.5%
cook	5	3.7%
artisan/musician	2	1.5%
barber	1	0.7%
auto body worker	2	1.5%
farmworker	1	0.7%
baker	1	0.7%
retail clerk	2	1.5%
security guard	1	0.7%
Total other skills	64	47.7%
No job skills	21	15.7%
Total	134	100.0%

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**4. What is the housing history of the encampment residents? How long have residents been homeless and why, given the options to live in shelters, mission and voucher hotels, do people live in the encampments?**

*Length of time homeless and in the encampment.* We asked people how long had it been since they had their own place where they had to pay rent and could receive mail. Using this as a criteria for homelessness, nearly two thirds have been homeless for at least one year and 20.1 percent have been homeless over 5 years (Table 4a). Yet many respondents had a varied housing experience having spent at least one night in an average of three places within the previous year (range of 1 to 10). Almost half reported having lived in another camp, but many had spent at least one night in an abandoned building, a mission or shelter, a cold/wet weather shelter, a hospital, or a drug or alcohol program, a room rented either by the respondent, or paid for with a government voucher, or with friends or relatives (Table 4b). However, many had not lived in the encampment for the entire time they had been homeless. Only 29.1 percent reported having lived in the camp for at least one year and 5.2 percent more than 5 years (Table 4c). These findings suggest that while many people spend long periods of time in a particular encampment, many leave to spend periods of time in some other location

**Table 4a    \*\*Length of Time Homeless. (N=134)**

	<u>Freq</u>	<u>Percentage</u>
Less than one month	1	0.7%
1 to 6 months	19	14.2%
7 to 12 months	9	7.6%
1 to 2 years	30	22.4%
2 to 5 years	31	23.1%
More than 5 years	27	20.1%
Didn't know	7	5.2%
No answer	10	7.5%
<i>Total</i>	<i>134</i>	<i>100%</i>

\*\* Defined as where the person had their own place where they paid rent and could receive mail.

**Table 4b** Where people spent the night. (N=134)

	<u>Last night</u>		<u>At least once within the previous year</u>	
	<u>Freq</u>	<u>percentage</u>	<u>*Freq</u>	<u>percentage</u>
This encampment	129	96.3%	129	96.3%
Another encampment	2	1.5%	62	46.3%
An abandoned building	1	0.7%	36	26.9%
Jail or prison	0		39	29.1%
A hospital	0		25	18.7%
Drug or alcohol treatment program	0		5	3.7%
Mission or shelter	0		32	23.9%
Cold wet weather shelter	0		23	17.2%
voucher hotel	0		20	14.9%
own rented room	0		36	26.9%
with friends or relatives	0		24	17.9%
no answer	2	1.5%		
<i>Total</i>	<i>134</i>	<i>100%</i>		

\* Respondents could choose more than one answer.

**Table 4c** Length of Time Living in the Encampment. (N=134)

	<u>Freq</u>	<u>Percent</u>
Less than one month	3	2.2%
1 to 6 months	61	45.6%
7 to 12 months	23	17.1%
1 to 2 years	20	15.0%
2 to 5 years	12	8.9%
More than 5 years	7	5.2%
No answer	8	6.0%
<i>Total</i>	<i>134</i>	<i>100%</i>

*Why do people live in the encampments?* Many people have asked why people live outdoors and in these encampments when alternatives such as shelters and voucher hotels are available. We pursued answers to this question several ways: by asking people why they lived in the encampment, if they had ever lived in shelters or missions, why they weren't living in a shelter or mission now, and what they would do if the government set up mandatory alternatives to sleeping outdoors. Finally, we wanted to find out what their preferences were given a range of housing alternatives.

We asked respondents why they lived in the camps, and 25 different answers were recorded. These were grouped into four broad categories: *economic*, including not having any money, having lost or being unable to get a job, having lost public assistance or that public assistance didn't pay enough for housing; *social*, including wanting to stay with a partner, domestic violence or instability, or being on parole; *structural*, or environmental reasons such as not knowing where else to go, not liking shelters, wanting to get away from Downtown, and fear of crime; *health*, including mental health and substance abuse; and *preference*: several people, for example, said that they felt safe at the camp, that no one bothered them, and they enjoyed

the freedom and sense of community, or that they are staying there by choice. Many respondents gave more than one reason.

Economic factors were most often cited in explaining why people were living in the encampments (42.5%), while about a third of the respondents reported preferential reasons, and twenty one percent of the respondents gave structural reasons. Health and substance abuse was identified by 9 percent and social reasons by 6.7 percent of the respondents.

There were a few variations across demographic categories. People ages 30 to 39 were more likely to cite structural reasons than other age categories, and preferential reasons tended to increase with age. Respondents between 19 to 29 were more likely to identify health reasons than older respondents. Twice as many men as women cited economic reasons, and women tended to give more health reasons than other reasons. African Americans reported economic reasons about as often as they reported health reasons (about 34 percent). However, more than half of the Latinos and half of Whites cited economic reasons. However, a third of Whites also reported a health problem.



**Table 4d    \*The number and percentage of people in each demographic category who report different reasons why they are living in the camps. (question: why do you live here?)**

<i>type of reason</i>	Economic	Social	Structural	Preference	Health	Don't Know
<hr/>						
<b>AGE</b>	<i>Number of people</i>					
0 to 18 (n=1)	1 100%	0	0	0	0	0
19 to 29 (n=16)	8 50%	2 12.5%	3 17.8%	4 25%	0	2 12.5%
30 to 39 (n=56)	23 46.4%	2 3.6%	18 32.1%	17 30.4%	7 12.5%	3 5.4%
40 to 64 (n=53)	23 43.3%	4 7.5%	5 9.4%	18 34.0%	5 9.5%	6 11.3%
65+ (n= 5)	2 40%	0	1 20%	2 40%	0	1
No answer (n=3)	0	1	1	1	0	0
<b>SEX</b>						
Male (n=109)	51 46.8%	7 6.4%	22 20.2%	34 31.2%	9 8.3%	8 7.3%
Female (n=22)	5 22.7%	2 9.1%	6 27.3%	7 31.2%	3 13.6%	3 13.6%
Other (n=2)	1 50%	0	0	1 50%	0	0
No Answer (n=1)	0	0	0	0	0	1
<b>ETHNICITY</b>						
African American (n=78)	26 33.3%	4 5.1%	19 24.4%	28 35.9%	8 10.3%	7 8.9%
Latino (n=45)	26 57.8%	4 8.9%	7 15.6%	10 22.2%	4 8.9%	3 6.6%
Caucasian (n=9)	5 55.5%	1 11.1%	1 11.1%	3 33.3%	0	1 11.1%
Asian (n=2)	0	0	1 50%	1 50%	0	1 50%
<b>Total*</b>	<b>57</b>	<b>9</b>	<b>28</b>	<b>42</b>	<b>12</b>	<b>12</b>
<b>As a percentage of the total number of respondents **</b>	<b>42.5%</b>	<b>6.7%</b>	<b>20.9%</b>	<b>31.3%</b>	<b>9.0%</b>	<b>9.0%</b>

\* Because some respondents gave more than one reason , the sum of the columns do not add up to 134, the number of respondent

\*\* Because some of the respondents gave more than one answer, the percentages do not add up to 100%. For example, 42% of the respondents indicated an economic reason for why they are living in the encampment.

*Why won't encampment residents go to a shelter or mission?* Only 41 percent of the respondents reported having ever lived in a shelter or mission (Table 4e), and only 34 percent had spent time in a shelter or mission within the previous year (Table 4b ). However, when we asked why they weren't staying in a shelter right now, the majority who answered indicated that they didn't like the rules, including religious requirements (33.5%), they couldn't afford it (22.4%), they feared crime or violence in the shelters (14.7%), or that they were too crowded (14.2%) or got turned away when they tried to go (9.7%). Twenty people (14.9%) reported that they wouldn't go to the shelters because they wanted to preserve their independence and liked their privacy. A small number said they feared the shelters because of their own sexual orientation or threat of racial violence; others said that they were afraid of contracting an infectious disease. A few cited health reasons for not going including substance abuse and mental illness; A few, (all women), said they weren't in the shelters because they wanted to stay with their partners (Table 4f).

**Table 4e Have you ever stayed in a shelter or a mission?**

	<u>*Freq</u>	<u>Percent</u>
Yes	55	41.0%
No	79	59.0%

**Table 4f Why don't you stay in a shelter or mission now?**

	<u>*Freq</u>	<u>Percent</u>
Don't like rules	45	33.6%
Can't afford it	30	22.4%
Fear crime or violence	20	14.9%
Wait too long/too crowded	13	9.7%
Don't know where they are	8	6.0%
Have health problems	4	3.0%
Fear of contracting disease	3	2.2%
Sexual orientation	3	2.2%
Use drugs or alcohol	3	2.2%
Racial tension	2	1.5%
Like privacy and independence	20	14.9%
Partner doesn't want to	3	2.2%
Doesn't need to	1	0.7%
Doesn't know	1	0.7%
No Answer	4	3.0%

\* some respondents gave more than one reason therefore, the columns do not add up to 134, the number of respondents,

## **5. What are residents likely to do if the encampments are taken down and the people required to go to shelters or a government sponsored safe zone or some type of outdoor facility?**

*Shelters* Strong negative feelings about shelters and missions were apparent when we asked people what they would do if encampments were outlawed and residents required to go to a shelter. Only about a quarter of the respondents said they would go to the shelters if forced to;



nearly half said that they would continue to live in the encampments or another more secluded place. Others would simply leave town, or risk arrest (Table 5a). And when we asked people their choices between living in the camps and a range of alternative housing, including shelters, none cited shelters as their first choice, and only 11 percent cited shelters as their second choice, and 9 percent their third choice, and 20 percent their fourth choice.

**Table 5a** *Question: What would you do if the government outlawed sleeping outdoors and required people to go shelters or missions?*

	<u>*Freq</u>	<u>Percent</u>
Would go to the shelter	33	24.6%
Continue to live here	28	20.9%
Find a more secluded place to live	36	26.8%
Leave Los Angeles	12	9.0%
Would rather go to jail or prison	3	2.2%
Something else	19	14.2%
Would return home	1	0.7%
Doesn't know	7	5.2%
No Answer	1	0.7%

\* some respondents gave more than one reason therefore, the columns do not add up to 134, the number of respondents,

*A government-sponsored camp or safe zone.* Some policy makers have proposed establishing a government-sponsored camp or safe zone where residents have some control over operations, and where services are offered such as job training, meals and medical care. We asked people what they would do if the government *required* people who were now living outdoors to go to such a government-sponsored camp. Over half of the respondents (58.6%) indicated that they would go to such a camp. Of these, a third said would go for the services or help in getting a job or job training. Eighteen percent would go because they were curious, and perhaps attracted to the novelty of what might be, the "best of both worlds": outdoor living and security. A few people perceived that the government camp would be safer and cleaner (6.4%), or that it was a way to simply "get out of their current situation" (4%). Two people felt that if they were required to go there, they would go because they had no other choice. Other less frequently cited reasons included getting older, being undocumented, or being addicted. Although over half said they might go to the government camp, nearly 22 percent reported that they would continue to live where they were or find a more secluded place to live. Others said they would leave Los Angeles, do something else or they just didn't know what they would do. When asked why they wouldn't go, eight people indicated that a government camp reminded them of a concentration camp, that it would deprive them of freedom and independence (10 people), or that the camps would be crowded, restrictive and full of problems (six people). It should also be noted that given housing alternatives to government camps, only 6.7 percent said that they would prefer a government run camp as their first choice and 10.4 percent as their second choice over their current living situation given other alternatives (Table 5c)

**Table 5b** *Question: What would you do if the government set up their own camp that had security, a bed and services, and required people to go there?*

	<u>*Freq</u>	<u>Percent</u>
Would go to the camp	78	58.2%
Continue to live here	25	18.7%
Find a more secluded place to live	4	3.0%
Leave Los Angeles	8	6.0%
Something else	8	6.0%
Doesn't know	8	6.0%
No Answer	3	2.2%

\* some respondents gave more than one reason therefore, the columns do not add up to 134, the number of respondents,

*Preferences for housing* Although the majority of respondents felt they couldn't or wouldn't go shelters or government camps, few people want to live in the encampments given other choices. For example, we asked people their first, second, third and fourth choices between living in the encampment, and housing alternatives (having there own room with a job; staying in a shelter, a government run camp with services, or a drug or alcohol program; or with friends or family). Table 5c shows the results. Very few people reported that they would rather live in the encampment given other choices. The vast majority indicated that they would rather have their own room with a job (75%). Less than ten percent reported a government camp, a mission or shelter, a treatment program, or with family or friends as their first choice. Ten percent said that having their own room with a job was their second choice, but 44.8 percent indicated living with families or friends as their second choice. Shelters and government camps still were not usually given as choices. Clearly, the majority are not satisfied with living in the encampment. But neither do people want to live in missions and government camps. Like any other persons, homeless people want stability, permanent housing, and employment, over less stable options such as shelters and government-run camps.

**Table 5c** *Percentage of respondents who choose housing options among a list of alternatives to living in the encampment. If you had a choice between living here and living in any of these other places, what would be your first choice, second choice and third choice?*

	<u>First Choice</u>	<u>Second Choice</u>	<u>Third Choice</u>
Rather live here	8.2%	9.0%	25.4%
A government camp with services	6.7%	10.4%	18.7%
A mission or shelter	0	11.2%	9.0%
My own room with a job	75.4%	10.4%	5.2%
With friends or family	4.5%	44.8%	21.6%
Alcohol or drug treatment program	3.0%	8.2%	10.4%
Other	0	2.2%	1.5%
No answer	2.2%	3.7%	8.2%



## 6. What is the health status of encampment residents and how do people use the health care system? What barriers exist to health care services?

*Health status and access to health care services* These results are consistent with the findings of other studies of homeless people which document diminished health status and access to health care services. Nearly 38 percent of the respondents reported their health as either poor or fair (Table 6a), and almost a third reported a health problems that required on going medical attention. Many are chronic health conditions that could be life threatening without good on going medical care. (see table 6b for a list of the problems that people reported). But in spite of the low health status of the respondents, encampment residents experience several formidable barriers to health care services. Seventy five percent of the respondents have no health coverage; only one person is covered by Medi-Cal (Table 6c). Although nearly half had visited a doctor or clinic sometime in the previous 6 months, (Table 6d), 41 percent reported that there was a time when they felt they needed to go to the doctor for a physical health problem but didn't go (Table 6f). Financial access barriers, no money or insurance were most often given as reasons for not going, but other access barriers, including lack of transportation, concern about long waits, and not knowing where to go were also cited. Access to dental care is even more limited, with about 12 percent having visited a dentist in the previous 6 months (Table 6d), and 61.2 percent reporting that they felt like they needed to see a dentist right now (Table 6f).

*Where people go for health care* When respondents did make a health care visit, half went to a county hospital or clinic, and about 12 percent visited a health care for the homeless program, either a mobile outreach program (5.2%), or a shelter-based clinic (7.5%) (Table 6e). Public hospitals and clinics remain the major source of care for homeless people. Over half of the respondents identified County health facilities as the place where they usually get health care. Less commonly used are free and community clinics (9.7%), mobile or shelter based health care for the homeless programs (6%), the VA (6%) and private offices (4.5%). A few people continue to use clinicians in Mexico (Table 6e). Over a quarter of the respondents had visited an emergency room in the past year (Table 6f). We were surprised that nearly a third of the respondents said they had received a TB test and an HIV test within the previous six months. Still 35 percent had never had an HIV test and 15.7 percent had never had a TB test, (see Table 6g). Additional testing would be required to ascertain the prevalence of TB and HIV infection in this population. In summary, encampment residents experience serious health problems, especially given their relatively young age. However, this confirms the findings of other studies that show homeless people to have very limited access to health care services.

**Table 6a Health Status and Access to Health Services (N=134)**

	<u>Freq</u>	<u>percentage</u>
Excellent	31	23.1
Good	48	35.8
Fair	29	21.6
Poor	23	17.2
No Answer	3	2.2%
<i>Total</i>	<i>134</i>	<i>100%</i>

**Table 6b Respondent's perceptions of on-going health problems that require regular visits to a clinician.**

	<u>Freq</u>	<u>Percentage</u>
None	88	65.7%
Yes, but doesn't know what it is	3	2.2%
Arthritis	3	2.2%
Acute respiratory	2	1.5%
AIDS/HIV	1	0.7%
tuberculosis	2	1.5%
Injuries/accidents/trauma	3	2.2%
Lupus	1	0.7%
Cancer	1	0.7%
Diabetes/endocrine problems	2	1.5%
Orthopedic problems/back pain	5	3.7%
Asthma	2	1.5%
Peptic Ulcer	1	0.7%
Angina/heart problems	3	2.2%
Epilepsy	1	0.7%
Other communicable disease	1	0.7%
Dental	2	1.5%
Other	5	3.7%
Psychiatric	3	2.2%
Substance abuse	3	2.2%
No answer	2	1.5%

**Table 6c. Number and percentage of respondents covered by health insurance including Medi-Cal, Medicare, private insurance or Veterans benefits (N=134).**

	<u>Freq</u>	<u>Percent</u>
Medi-Cal	1	0.7%
Medicare	7	5.2%
Private health insurance	9	6.7%
Veterans Benefits	16	11.9%
None	101	75.3%
Total	134	100%

**Table 6d Length of time since last visit to a physician and dentist (N=134)**

	<u>Physician</u>		<u>Dentist</u>	
	<u>frequency</u>	<u>percentage</u>	<u>frequency</u>	<u>percentage</u>
Less than one month ago	21	15.7%	7	5.2%
1 to 6 months ago	42	31.3%	9	6.7%
7 to 12 months	15	11.2%	9	6.7%
1 to 2 years	18	13.4%	21	15.7%
2 to 5 years	14	10.4%	15	11.2%
More than 5 years	11	8.2%	27	20.1%
Never	0		15	11.2%
Doesn't know	5	3.7%	29	21.6%
no answer	8	6.0%	2	1.5%
Total	134	100%	134	100%

**Table 6e Where respondents made their last physician visit and usual source of care (N=134)**

	<u>last visit</u>		<u>usual source of care</u>	
	<u>frequency</u>	<u>percentage</u>	<u>frequency</u>	<u>percentage</u>
Private physician's office	12	9.0%	6	4.5%
Free or community clinic	13	9.7%	13	9.7%
Shelter-based clinic	10	7.5%	4	3.0%
Mobile or outreach program	7	5.2%	4	3.0%
County hospital or clinic	67	50.0%	70	52.2%
Jail or prison clinic	5	3.7%	0	
VA Clinic or hospital	9	6.7%	8	6.0%
Health care provider in Mexico	4	3.0%	2	1.5%
None	DNA		2	1.5%
Does not apply/no answer	7	5.2%	25	18.6%



**Table 6f Access and health utilization indicators, perceived need for dental care ( N=134).**

	<u>Frequency</u>	<u>Percentage</u>
Was there ever a time in the last year when you felt like you needed to go to a doctor but didn't go?		
no	79	59.0%
yes	55	41.0%
<i>Reasons why respondents didn't go tot the doctor.</i>		
<u>Financial access barriers</u>	20	
no money		
no insurance or Medi-Cal		
<u>Other access barriers</u>	25	
no transportation		
too sick		
wait too long		
scared of doctors		
no clothes to wear		
don't know where to go		
<u>Other personal reasons</u>	11	
thought problem would heal naturally or without attention		
missed appointment		
drinking problem		
never thought to make an appointment		
<i>Have you visited an emergency room for a health problem in the past year?</i>		
no	96	71.6%
yes	38	28.4%
<i>Do you need to see a dentist now?</i>		
no	52	38.8%
yes	82	61.2%

**Table 6g Last time respondents had a test for Human Immunodeficiency Virus (HIV, and for Tuberculosis (TB).**

	<u>HIV</u>		<u>TB</u>	
	<u>frequency</u>	<u>percentage</u>	<u>frequency</u>	<u>percentage</u>
Less than one month ago	9	6.7%	6	4.5%
1 to 6 months ago	33	24.6%	38	28.4%
7 to 12 months	7	5.2%	8	6.0%
1 to 2 years	17	12.7%	18	13.4%
2 to 5 years	8	6.0%	8	6.0%
More than 5 years	4	3.0%	15	11.2%
Never had a test	48	35.8%	21	15.7%
Doesn't know	6	4.5%	18	13.4%
no answer	2	1.5%	2	1.5%
<i>Total</i>	<i>134</i>	<i>100%</i>	<i>134</i>	<i>100%</i>

**Drug and Alcohol Problems** Using self report, we estimated the extent of drug and alcohol abuse among the respondents. The findings suggest that many residents are experiencing a problem with alcohol or drug addiction. Many reported using one or more substances in the previous 30 days, with nearly three quarters reported having used alcohol. Crack or other forms of cocaine were reported by about 30 percent of the respondents, and about a quarter used marijuana (Table 6h). Twenty four people reported having injected themselves with drugs about half of whom had done so in the previous 12 months (Table 6i). About forty percent felt that they have a drug or alcohol problem now, however, 14.2 percent had been in a treatment program during the same period. Almost a quarter of the respondents had tried unsuccessfully, to enter a treatment program in the past 12 months, and 41 percent said they would enter a free program if offered (Table 6j).

**Table 6h Number and percentage of respondents who used drugs used in the previous thirty days by type of drugs.**

	<u>freq.</u>	<u>percentage</u>
Alcohol	97	72.4%
Crack Cocaine	40	29.9%
Marijuana	35	26.1%
Other Cocaine	19	14.2%
Heroin	10	7.5%
Sedatives	7	5.2%
Other opiates	6	4.5%
Inhalants	2	1.5%
Other	2	1.5%
Other Stimulants	1	0.7%
No Answer	2	1.5%
Total	134	100%

**Table 6i Last time respondents injected drugs.**

	<u>Frequency</u>	<u>Percentage</u>
last injected less than one month ago	9	6.7%
last injected 1 to 6 months ago	1	0.7%
last injected 7 to 12 months	2	1.5%
last injected More than 1 years	13	9.7%
Never injected drugs	107	80.6%
No answer	2	6.0%
Total	134	100%



**Table 6j. Perceptions of drug or alcohol problems, treatment in the last 12 months, attempts to gain access to treatment and willingness to enter a drug or alcohol program. (N=134).**

	<u>Freq. Percentage</u>	
Number and percentage of respondents who perceive that they have a drug or alcohol problem now.	54	40.3%
Number and percentage of respondents who have been in a treatment program in the past 12 months	19	14.2%
Number and percentage of respondents who tried but were unable to enter a drug and alcohol treatment program	30	22.4%
Number and percentage of respondents who say they would enter a free drug or alcohol program if offered.	55	41.0%

**7. What do encampment residents say they need and where they would choose to live?**

We asked people if there was anything they needed right now. Most often, people said they need survival items including food (35.1%), clothing (30.6%), housing (18.7%), personal hygiene items (3.7%) and money (26.9%). Many people said that they needed a job (28.4%). Not surprisingly, about 8 percent said they needed medical care and 5 percent needed drug or alcohol treatment. Less often cited were transportation, water, companionship and a bath or shower (Table 7).

**Table 7      What do encampment residents say they need (N = 134).**

	*number	total percent
food	47	35.1%
clothes	41	30.6%
a job	38	28.4%
money	36	26.9%
housing	25	18.7%
medical care	11	8.2%
drug treatment program	7	5.2%
drugs or alcohol	4	3.0%
personal or hygiene items	5	3.7%
bath or shower	2	1.5%
companionship/love	3	2.2%
other	4	3.0%
water	3	2.2%
transportation	1	0.7%
nothing	8	6.0%

\* some respondents gave more than one answer therefore, the numbers do not add up to 134, the number of respondents,

## Discussion and Conclusions

- 1) **The health status of the encampment residents is low and many have chronic illnesses that require ongoing medical attention. These findings are, not surprisingly, consistent with many other studies of homeless people. However, the health of residents may be further jeopardized by the deplorable living conditions in many of the encampments.** Residents cook and eat in places where food cannot be stored properly, dishes cannot be washed with hot water and where there is garbage, animals, vermin, and human excrement nearby, and expose residents to infectious diseases particularly shingle and salmonella. Lack of proper hygiene can lead to dental decay and skin problems such as lice, scabies and impetigo. Many encampment are adjacent to freeways and residents constantly breath toxic exhaust fumes, or risk being hit by moving vehicles as they move in and out of the site. Many encampments are havens for heavy substance abuse, and residents are at risk for transmission of communicable disease such as tuberculosis and AIDS.

**The health and safety of the encampment residents not withstanding, policy makers should exert considerable caution in formulating policies and programs to respond to urban encampments.** As bad as they are, encampment conditions are not unlike the conditions in many low rent slumlord-owned apartments and hotels in Los Angeles. Any efforts to dismantle camps such as police sweeps will likely result in people establishing new camps in other perhaps more secluded locations. Likewise, plans to dismantle and outlaw encampments and force people to go to shelters or government camps will at best have only a short term effect in reducing the number of urban encampments.

**Many residents will not go to shelters or downtown missions fearing violence, or because they dislike the rules and regulations.** And while many people said they would go to an urban safe zone or government camp, we believe that they would do so out of curiosity, desperation and in search of needed services. Few would stay long enough to benefit from the camp or get on a track towards stability and self sufficiency. Eventually, many would return to an urban encampment. Creating new programs designed to reduce cultural and language barriers, encourage voluntary participation in shelter and substance abuse treatment programs, and provide access to employment training and jobs must be implemented before interdiction. Indeed, most residents said that what they want is a clean place to stay of their own and a job!

- 2) **A large number of encampment residents are Latino compared to the shelter or street population from Skid Row as described by other studies of the downtown homeless people.** We draw this conclusion with one note of caution: We do not know whether a sampling method applied for both the downtown street population and encampments in exactly the same way would yield the same differences in the percentage of respondents who are Latino. Nevertheless, we identified several camps comprised entirely of Latinos many of whom are recently arrived immigrants. The large number of Latino and presumably undocumented people in the encampments may account for the relatively large number of residents who receive no public assistance, and the lower percentage of people who are veterans, compared to findings in other studies. In addition, many downtown shelter programs are inaccessible to many Latinos.



- 3) **A majority of camp residents are not receiving public benefits; only 17 percent were receiving General Relief at the time of the interview, and a third of the respondents have never received benefits. Only one was receiving SSI.** Given the level of poverty and disability among this population, we would have expected a larger percentage of people to be receiving government assistance programs including Supplemental Security Income (SSI) and General Relief (GR). However, the low percentage suggests that this population experiences significant barriers to these program, especially SSI, even if they are eligible. Most make money by working short term jobs or collecting recyclable containers. Only about a third say they get money through panhandling or begging! Many people reported living in the camp because they lost public assistance. Replacing GR. with a voucher program would undoubtedly increase the number of people living in the encampments as more people lose housing options and are forced onto the street. Reducing GR. would reduce an individual's ability to purchase housing from hotels and other short term housing and result in many people turning to encampments for some or part of the month.
- 4) **Forty percent of encampment residents reported having a substance abuse disorder and wanted to enter a drug or alcohol treatment program.** However, significant access barriers remain in the delivery system for drug and alcohol services. Many respondents reported that they have tried unsuccessfully to gain access to treatment. Homeless people require programs with flexible approaches to substance abuse treatment that emphasize social support, and includes housing and case management. In general, this confirms other studies that have shown that homeless and other low income people lack reasonable access to drug and alcohol treatment program.

**Recommendations**

**A plan originally proposed but not included in the Downtown Strategic Plan for establishing a safe zone or government sponsored camp in Downtown Los Angeles for homeless people should be abandoned.**

Targeted to: Los Angeles Community Redevelopment Agency, Los Angeles City Council.

**A specific plan for outreach, inspection and intervention by the Los Angeles County Department of Health Services, Public Health Programs should be established and implemented immediately. The plan should include inspection by County environmental health officers, ongoing outreach efforts by public health nursing staff, specific targeted public health outreach efforts including tuberculosis and HIV testing and education. Public health efforts should be coordinated with outreach efforts by non-profit organizations.**

Targeted to: Public Health Department, Caswell Evans, DDS, MPH, director of public health programs and services.

**In conjunction with public health efforts, convene a special meeting of all outreach programs in central Los Angeles to develop a strategy for coordinating and regularly visiting all urban camps. Identify additional resources for expanding and coordinating outreach efforts as needed. Outreach programs would include medical, substance abuse treatment, mental health, social services, HIV and TB efforts.**

**Organize a meeting of all central Los Angeles homeless service providers to establish, coordinate and implement an integrated plan for expanding voluntary support services for encampment dwellers. Mobilize additional resources as needed. Services should include hotel vouchers, job training and placement, medical care including TB testing and HIV, drug and alcohol recovery services, mental health, and case management.**

Directed to: Los Angeles Coalition to End Homelessness, Robert Erlenbusch, director.

**Expand hotel voucher for urban encampment dwellers and make them available to outreach workers described above.**

Directed to: Los Angeles Services Authority, Emergency Food and Shelter Program, Local Board.

**Immediately abandon any effort to further reduce the General Relief benefit level.**

Directed to: Los Angeles County Board of Supervisors.



**Improve or expand the Spanish-speaking abilities of agency staff and cultural appropriateness of existing shelter and other service programs, including outreach teams, operating in Central Los Angeles.**

Directed to: Downtown service providers; Shelter Partnership, Los Angeles Community Development Department.

**Expand SSI outreach and eligibility determination.**

Directed to: Los Angeles County Department of Mental Health, Los Angeles County Department of Public Social Services..

**Expand HIV and TB outreach, screening and treatment.**

Directed to: Los Angeles County Department of Health Services, TB Control, Paul Davidson, director, and, AIDS Program Office, John Schunhoff, director; Los Angeles County AIDS Planning Council, Phill Wilson, chair.

**Expand outpatient and residential drug counseling services including critical support services, detoxification, and residential care for people living in the urban encampments. NEW PROGRAMS SHOULD BE LOCATED OUTSIDE OF THE DOWNTOWN/SKID ROW AREA. Include a strong outreach and case management components. Emphasize integration with other services and targeted to drug and alcohol users, poly drug abusers and the dully diagnosed.**

Directed to: Los Angeles County Department of Health Services, Alcohol and Drug Abuse Administration, Patrick Ogawa, director; Los Angeles County Department of Mental Health, Areta Crowel, director.



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